If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1) CLAIMS

REMAINING

AFTER

AMENDMENT

RATE FEE OR OR OR OR TOTAL OR TOTAL

CLAIMS AS AMENDED - PART II

minus 20 =

minus 3 =

(37 CFR 1.16(d))

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY PAID FOR

(Column 3)

PRESENT

EXTRA

=

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	į	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	. 18	Minus	" 100	=
	Independent (37 CFR 1.16(b))	· 2	Minus	" 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

RATE.	ADDI- TIONAL FEE	-	RATL
x \$=		OR	x \$
x \$=		OR	× s
 +\$=		OR	+ \$
TOTAL ADD'L FEE		OR	TOTAL ADD'L FE
		-	
		/	

ADDI-

TIONAL.

FEE

SMALL ENTITY

RATE

TOTAL

ADD'L FEE

	TOYAL ADD'L FEE		
	RATE	ADDI- TIONAL FEE	
1	x \$=		

OTHER THAN

SMALL ENTITY

יוסטג' TIONAL FEE

PTO/SB/06 (08-03)

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER ARECUMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus	-	Ξ
ENC	Independent (37 CFR 1.16(b))	•	Minus	444	=
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

		_		
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x \$=		OR	x \$=	
x \$=		OR	x \$=	
+\$ =		OR	+ \$=	
TOTAL ADD1, FEE		OR	TOTAL ADD'L I'EE	

OR.

OR

OR

+ 5 TOTAL

ADD'L FEE

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USP10 to process) an application. Controlled that is governed by \$5.0.5.0. 122 Refs 37 CPT 1.14. This Collection is estimated to take 12 including gathering, preparing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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.ff.you need assistance in completing the form_call 1-800-PTO-9199 and select option 2:----

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(37 CFR 1.16(a)) TOTAL CLAIMS

(37 CFR 1.16(c))

(37 CFR 1.16(b))

ω

AMENDMENT

Total (37 CFR 1.16(c))

Independent (37 CFR 1.16(b))

INDEPENDENT CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

[.] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Pald For IN THIS SPACE Is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.